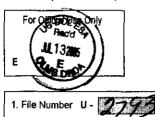
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

GI / OI / 2004 Through: 12 / 31 / 2004

Name This are the Paris Total Court No. Out

4. Name, file number, and address of labor organization.

Labor Organization File Number

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street VIIINGE DAVE	Street 300 West 16 R St.					
City Guernicoc Luke	City Now York City					
State	State New York ZIP Code + 4 10036-8399					
5. Position in labor organization.						
	graph state that the property of the state of					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bidg., Room No., if any	7.b. Amount					
Street The American Company of the C						
City	の 1 m (1 m) 1					
State ZIP Code +4	Charles and the control of the					
gerode na star find in the exclusions actived in the laminary of means. The contract of the contract of the exclusions actived in the laminary of the contract of the contrac						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed 09-0134 0n 7:15/2005 212-333-2500 2011/1						

Date

Telephone Number

Name of Person Filing	Donald	\mathcal{B} .	Kleins	chmidt
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File Number **U**- 2) 93

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization b. Trust c. Employer			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Page 1997 - P				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. (SEE A779C NED LIST)				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	14.a. Nature of payment.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Donald B. Kleinschmidt

C. 13a. Mass Mutual Retirement Services 1295 State Street Springfield, MA 01111-0001

13b. An Employer

14a. Lunch 06/21/2004

14b. \$60

C. 13a. Syntonic Systems, Inc. 80 - 8th Avenue, suite 901 New York City, NY 10011

13b. An Employer

14a. Golf outing to Teamster Local 445 06/23/2004, golf at Crystal Springs 11/08/2004, Lunch 12/14/2004

14b. \$100/ \$75/ \$75

C. 13a. Alliance Bernstein 1345 Avenue of Americas New York City, NY 10105

13b. An Employer

14a. Lunch 07/27/2004

14b. \$60

C. 13a. General Vision 520 Eight Avenue, 9th fl. New York City, NY 10018

13b. An Employer

14a. Golf outing 08/19/2004

14b. \$100

C. 13a. ULLICO

800 South Main St., 2nd floor Mansfield, Massachusetts 02048

13b. An Employer

14a. Lunch 11/15/2004

14b. \$60